10526

MARYLAND 10525

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT & QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON
STREET ADDRESS (If rural, give location) NEAR STILL POND

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) BENJAMIN (Last) ANTHONY

4. DATE OF DEATH: (Month) NOV. (Day) 11, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH: AUG. 13 1901

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWNER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM BENJAMIN ANTHONY

14. MOTHER'S MAIDEN NAME: BERTHA DURHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: ALICE T. ANTHONY WORTON, RURAL, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular accident	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive Cardiovascular disease	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24 ..., 19 54, to Nov 11 ..., 19 54, that I last saw the deceased alive on Nov 11 ..., 19 54, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE Florence Denizer Joyce M.D. (Degree or title) ADDRESS Worton, Md DATE SIGNED 11/12/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL | DATE NOV. 14 1954. | NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY | LOCATION (City, town, or county) STILL POND, (State) MD.

DATE REC'D BY LOCAL REG. NOV. 13-1954 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR B.L. Fellows, ADDRESS STILL POND, MD.

RECEIVED
NOV 15 1954
BUREAU V. S.

10527

MARYLAND 10526

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (In this place) 25½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anns

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Qu. Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price 17X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Banks

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-18-54

9. AGE last birthday: yrs. | If under 1 year: Months | Days 1 | If under 24 hrs.: Hours 1 | Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Banks

14. MOTHER'S MAIDEN NAME: Alice Virginia Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval between onset and death: 25½ hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1954, to 11-19, 1954, that I last saw the deceased alive on 11-19, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE A. L. Sick | (Degree or title) M.D. | ADDRESS Chestertown, Md | DATE SIGNED 11-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 11-19-54 | NAME OF CEMETERY OR CREMATORY: Church Hill | LOCATION (City, town, or county) (State): Church Hill, Md.

DATE REC'D BY LOCAL REG. Nov. 19-1954 | REGISTRAR'S SIGNATURE Clara S. Barnes | 24. FUNERAL DIRECTOR: Family | ADDRESS

20X42.15211

RECEIVED
NOV 22 1954
BUREAU V. S.

10528

MARYLAND STATE DEPARTMENT OF HEALTH

10532

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 213 near Georgetown Kent Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) Water St.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) M. (Last) Bastow
4. DATE OF DEATH (Month) (Day) (Year) 19 11/22/1954

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 24, 1889
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker in Fireworks
10b. KIND OF BUSINESS OR INDUSTRY plant
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Raymond Misbel ~~XXXXXXX~~
14. MOTHER'S MAIDEN NAME Bertha Riester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-20-3016
17. INFORMANT AND ADDRESS Mr. Charles Bastow Chestertown, Md. Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Seven crushing and penetrating

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) head, face and skull injuries - none

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway W.S. 213 near Georgetown Md. (CITY OR TOWN) Georgetown (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11 22 54 5 45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Bus in which she was a passenger crashed into truck load of piling.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 11/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/26/1954
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) Chestertown, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 24-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 26 1954
BUREAU V. S.

10529

MARYLAND 10533

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Still Pond COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Albert (Last) Ford

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1954

5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-11 1905
9. AGE last birthday 48 48 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Common Labor
11. BIRTHPLACE (State or foreign country) Kennedyville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Willie Ford
14. MOTHER'S MAIDEN NAME Mamie Milligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 221-18-3679
17. INFORMANT AND ADDRESS Alonzo Milligan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

544.2

Immediate cause (a) Acute Indigestion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Schlerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1954, to Nov 11, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 6.10 A m., from the causes and on the date stated above.

SIGNATURE L. P. Atwell (Degree or title) M.D. ADDRESS Still Pond DATE SIGNED 11-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 23 1954
NAME OF CEMETERY OR ~~CREMATORY~~ Mt Zion cemetery
LOCATION (City, town, or county) Still Pond (State) Md

DATE REC'D BY LOCAL REG. 11/21/54
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md.

MARGIN RESERVED FOR BINDING

Acute Indigestion
Arterial Sclerosis

RECEIVED
DEC 2 1924
BUREAU V. S.

10527

10530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 N. Queen Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) 108 N. Queen Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Etta (Last) Fountain

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 18, 1860

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brice

14. MOTHER'S MAIDEN NAME: Ann Elizabeth Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Harriette Welch, Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7944X

Immediate cause (a) Generalized circulatory collapse — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to Nov. 12, 1954, that I last saw the deceased alive on 11-11, 1954, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.C. Dick M.D. Chestertown, Md. 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: Nov. 14 1954

NAME OF CEMETERY OR CREMATORY: Church Landing

LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: Nov. 13-1954

REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS: Marvin V. Williams - Chestertown, Md.

RECEIVED
NOV 15 1954
BUREAU V. S.

10531

MARYLAND

10528

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KENT + QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: STILL POND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) HAWKINS (Last) JONES

4. DATE OF DEATH: (Month) NOV. (Day) 22 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 3 1878

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER

10b. KIND OF BUSINESS OR INDUSTRY: PLUMBING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLAYTON JONES

14. MOTHER'S MAIDEN NAME: CLARA COVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: E.K. JONES STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary infarction	3 wks
	(c) Coronary occlusion	5 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 19 54, to 11/22, 19 54, that I last saw the deceased alive on 11/22, 19 54, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE: Florence Lenige Joyce M.D. (Degree or title) ADDRESS: Worton Md DATE SIGNED: 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: NOV. 26 1954
NAME OF CEMETERY OR CREMATORY: STILL POND CEMTY
LOCATION (City, town, or county) (State): STILL POND, MD.

DATE REC'D BY LOCAL REG.: NOV. 23-1954
REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: STILL POND, MD.

MARGIN RESERVED FOR BINDING

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10532

10529

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 367 College Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): 367 College Ave.

3. NAME OF DECEASED (Type or Print): (First) Urie (Middle) Robert (Last) Latham
4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 13 1900
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Chestertown Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Latham
14. MOTHER'S MAIDEN NAME: Mary Cahy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Bertha May Latham - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 11/18/54

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: Nov. 19, 1954 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Nov. 18-1954 — REGISTRAR'S SIGNATURE: Clara L. Barnes — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10533

MARYLAND

STATE DEPARTMETT OF HEALTH

10530

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT; CITY OR TOWN CHESTERTOWN; LENGTH OF STAY IN THIS PLACE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY QUEEN ANNE'S; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SUDLERSVILLE, MD.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RHOADES, (Middle) KATIE (Last) MAY

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10-27-1892

9. AGE last birthday: 62 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN LAVRON

14. MOTHER'S MAIDEN NAME: ADDIE SNISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval between onset and death: 3 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) COR PULMONALE — 6 mos

(c) BRONCHIECTASIS - PULMONARY FIBROSIS — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5 1954 to 11-23 1954, that I last saw the deceased alive on 11-23 1954, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (Degree or title) ADDRESS CHESTERTOWN, MD. DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Nov. 26

NAME OF CEMETERY OR CREMATORY Stalnaker

LOCATION (City, town, or county) Glen Ville (State) W. Va.

DATE REC'D BY LOCAL REG. Nov. 23-1954

REGISTRAR'S SIGNATURE Ciara E. Evans.

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10534

CERTIFICATE OF DEATH

10534

Reg. Dist. No. 203

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near - Rock Hall
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Skinner's Neck Section

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Rock Hall
STREET ADDRESS (If rural give location) Skinner's Neck Section

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) W. (Last) Nelson

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Oct. 20, 1880	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	River Boats	Somerset Co. Md.	USA

13. FATHER'S NAME: Alonza Nelson

14. MOTHER'S MAIDEN NAME: Mary E. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		217-28-4704	Mrs. James W. Nelson Rock Hall, Md. Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

611X
IMMEDIATE CAUSE (A) Senility
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prostatitis DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
—	—	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
—	—	—

22. I hereby certify that I attended the deceased from July, 1949, to Nov. 15, 1954 that I last saw the deceased alive on 11/14, 1954, and that death occurred at 4.30 P M, from the causes and on the date stated above.

SIGNATURE E. Leeper M. D. ADDRESS Rock Hall DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 18 1954	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 16-54	S. Elwood Burgess	J. Willis Wells	Chestertown, Md.

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NOV [illegible] 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10535

10531 CERTIFICATE OF DEATH Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) McCOSH (Last) WALLS

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 8. DATE OF BIRTH: July 25, 1877 9. AGE Last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming 10b. KIND OF BUSINESS OR INDUSTRY: Tenant farmer 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel H. Walls 14. MOTHER'S MAIDEN NAME: Susan Lynch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: none 17. INFORMANT & ADDRESS: Mrs. Mary S. Walls, Millington Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Apoplexy — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chr. Myocardial Insufficiency — 8 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: none 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none — PLACE (Home, farm, factory, street, office bldg., etc.) none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) none (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ While Not At Work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Oct 21, 1954 to Nov 12, 1954, that I last saw the deceased alive on 11/12, 1954, and that death occurred at 12 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Hamilton M.D. ADDRESS Millington md DATE SIGNED 11/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 14, 1954 — NAME OF CEMETERY OR CREMATORY Millington Cem. — LOCATION (City, town, or county) (State) Millington, Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes. — 24. FUNERAL DIRECTOR ADDRESS Edward Fellows, Millington Md.

RECEIVED
NOV 17 1924
BUREAU V. S.